

# COLORADO WING CIVIL AIR PATROL RADIO STATION AUTHORIZATION

Unit Charter Number RMR-CO-  
 Unit Name \_\_\_\_\_  
 New ☐ Renewal ☐ Modification ☐  
 Present Tactical Call Sign \_\_\_\_\_

Name of member in charge \_\_\_\_\_  
 Rank \_\_\_\_\_ CAPSN \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_  
 Cellular \_\_\_\_\_ Pager \_\_\_\_\_  
 CAP Radio Operator Authorization (Advanced) Wing and Card Number \_\_\_\_\_

Category of Application. Do NOT combine on one application  
 . Submit ONE ORIGINAL for each category requested.

Ground or Mobile ☐ Aeronautical SAR ☐  
 Special Frequency ☐ Practice Beacon ☐

Is there an alternate operator at your location?  
 Name \_\_\_\_\_ CAP ROA (Wing and Card Number) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Complete the following information for each transmitter that is to be licensed. When the same transmitter is used for ground(base)and/or mobile, it must be licensed for each service.

OWNER (CAP or Member)	MANUFACTURER/MODEL	S/N	FREQUENCY HF, FM, 26.620	FREQUENCY CERTIFICATION DATE (If Required)
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List all equipment to be licensed as GROUND (FIXED BASE) equipment


List all equipment to be licensed as MOBILE equipment


AERONAUTICAL SAR OR SPECIAL FREQUENCIES OR PRACTICE BEACON

OWNER (CAP or Member)	MANUFACTURER/MODEL	S/N	POWER OUTPUT	TYPE ACCEPTANCE #	FREQUENCIES	CERTIFICATION DATE

LIST ANY RADIOS TO BE DELETED FROM YOUR FILE. (Make and serial number)

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Any member-owned equipment listed herein is hereby offered to the Commander of Colorado Wing, for official CAP purposes, I understand that this agreement gives the Colorado Wing, Civil Air Patrol, operational control of the listed equipment for CAP purposes, that it will be used only for official business of the CAP as defined in current CAP Regulations and other official documents of CAP, and that this agreement can be terminated at any time by CAP, for any reason. If other CAP personnel are allowed to use said equipment, I understand that such equipment will be returned to me in the event this agreement is terminated, except CAP will not be responsible for the condition of the equipment nor will CAP maintain or otherwise guarantee said equipment. The member-owned equipment may not be used by other CAP personnel without my consent or approval.

I certify that I am a current CAP member and that the information contained herein is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

\* \* \* \* \*

I certify that the member in charge named herein has completed the basic requirements for a radio operator and I recommend issuance of the license requested.

\_\_\_\_\_  
Signature of Unit Comm Officer

\_\_\_\_\_  
Date

\* \* \* \* \*

License application for the station described herein is approved.

\_\_\_\_\_  
Signature of Unit Commander

\_\_\_\_\_  
Date

If this application concerns a ground station the following items must also be completed:

Actual address of station  
(No P.O. Box)

\_\_\_\_\_  
\_\_\_\_\_

Geographical  
coordinates:

Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

Do you have emergency power available to operate your base station equipment? Yes ☐ No ☐

If antenna is located within the boundary of a landing area, give name of landing area and distance to centerline of nearest runway.

\_\_\_\_\_

If not, give distance to and name of nearest landing area.

\_\_\_\_\_

Elevation of ground above mean sea level at antenna site. \_\_\_\_\_ ft.

Height of uppermost point above ground level of antenna (or antenna structure). \_\_\_\_\_ ft.

Draw a brief sketch of antenna in relation to house and control point of equipment, Include height above house.

Do you have Packet Capability? Yes ☐ No ☐

Operational 7.635 MHz ☐ 14.902 MHz ☐

Amateur License: Class \_\_\_\_\_ Call \_\_\_\_\_

FCC General Radiotelephone Certificate: \_\_\_\_\_